



# Exploring Opportunities for Mainstreaming HIV/AIDS in the Secondary-school Curriculum as an ESD Strategy

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## *Abstract*

*Education for sustainable development (ESD) embraces a variety of social- and environmental-health concerns, including the impact and implications of HIV/AIDS in respect of schooling and the quality of life of children and their communities. In this study, the researchers adopted a qualitative case study approach in which a school (Parirewa High School and its community in Domboshava) within a growth-point community in Zimbabwe was purposively selected because of its uniqueness as an information-rich source for HIV/AIDS and ESD interactions.*

*The objective was to work with teachers in order to develop their capabilities and agency, thereby animating them to effectively integrate HIV/AIDS education in the formal school curriculum in a bid to reduce the negative impacts of HIV/AIDS on the quality of education and quality of life of vulnerable youths. Data was collected from 50 teachers by way of interactive workshops, focus-group discussions, document analysis, face-to-face interviews, observations and open-ended questionnaires.*

*The findings suggest that, although teachers may be willing to embrace vulnerable learners in their teaching and change the way they teach and relate to their learners, there are a number of constraints. These include stigmatisation of those who teach the subject, a lack of knowledge and skills on how to deal with the sensitivity and the special needs created by HIV/AIDS, attitudes of society to the infected and the affected, and lack of support structures within the school. However, after participating in capacity-building activities, teachers realised that the issue of HIV/AIDS can be integrated into any subject if teachers are taught how to mainstream, are prepared to change the way they perceive their roles, their subjects and their learners, and are committed to making a difference in the lives of the learners they teach.*

*Teacher education thus needs reorientation in order to embrace skills necessary for teaching in contexts of risk, vulnerability and uncertainty. Further, it needs to embrace life skills education and ESD techniques for creating child-friendly schools and for bringing about healthy environments for both physical and psychosocial support within the school system. The study recommends that school administrators embrace HIV/AIDS and life skills education in the way schools are run and managed. In addition, relevant authorities should design legislation on mainstreaming HIV/AIDS so that the teaching of HIV/AIDS takes a whole-school approach. The conception of quality education and teacher competency need not be narrowly defined by learner pass rates alone, but may incorporate creativity and innovativeness and contribute to the creation of a better world.*

## *Contextual Background*

This article is an extract from a study that sought to enhance teachers' capacities to effectively integrate HIV/AIDS education, within a wider ESD framework, into the school curriculum in a bid to reduce the negative impacts of HIV/AIDS on the quality of education and hence the quality of life of vulnerable youths. In the wake of increased environmental, social and economic (i.e. sustainability) challenges, education institutions have been challenged to take a leading role in providing quality and relevant education that is responsive to learners' needs and which animates people for positive social transformation (Kasembe & Moonga, 2009; Government of Zimbabwe, 1999). Such education has been referred to as education for sustainable development (ESD). ESD aims to empower citizens to act with a view to bringing about positive environmental and social change (UNESCO, 2005), adds to the quality and relevance of education, and improves innovation in the education systems (Lotz-Sisitka, 2011).

Zimbabwe, like many other countries in southern Africa, faces a number of environmental, socio-economic and sustainability issues, including that of HIV/AIDS. With the HIV/AIDS prevalence rate at 14.3%, Zimbabwe is rated among the worst-affected nations in southern Africa and the world (UNDP, 2009; UNICEF, 2011). HIV/AIDS has caused immense human suffering, including, but not limited to, the loss of loved ones and the breaking up of families. Although Zimbabwe boasts a rich cultural fabric, social bonds have lately been threatened by the challenges posed by HIV/AIDS. Chief among the social effects of HIV/AIDS is the increasing number of children infected with, and orphaned by, the disease and who have to take up the responsibility of caring for sick parents/relatives (ZPRE, 2003). These vulnerable and orphaned children may be stigmatised and can suffer great trauma. Such children eventually end up in school, where the teachers are not formally trained to deal with the challenges posed by the socio-economic, socio-ecological and/or psychosocial aspects of HIV/AIDS in the classroom. What is more, teachers themselves may be infected or affected in one way or another, and this makes the whole issue even more complex to address. By their nature, sustainability issues are extremely complex and are highly contextual and contested; hence they have considerable implications for education – and the issue of HIV/AIDS is no exception.

In response to the HIV/AIDS pandemic, the Zimbabwean government initiated a number of projects and programmes to curb the pandemic. One such programme is the Schools AIDS Programme, launched in 1994, which was meant to integrate HIV/AIDS into the national education system. The Zimbabwean Ministry of Education, Sport, Arts and Culture (MoESAC) developed policy guidelines for schools that made it mandatory to devote one class period per week to the teaching of HIV/AIDS as an integral part of Guidance and Counselling. Textbooks and syllabi were developed covering a range of topics, including making friends, increasing self-esteem, and coping with unplanned pregnancy and sexual pressure. What is noteworthy is that this programme was mainly meant to spread messages of HIV/AIDS prevention and care. However, young people need more than just facts about HIV/AIDS and sexuality. They need skills to deal with conflicts, to stand up to the influences of peer pressure, and to deal with other socio-ecological aspects of HIV/AIDS, such as food security. More importantly, they need to know how to deal with the challenges posed by HIV/AIDS. They need to learn to build

resilience, to adapt, and to counter the negative impacts of HIV/AIDS on the quality of their education in particular and their life in general. Teaching should therefore develop effective communication skills, responsible decision-making, and assertiveness; and it should encourage respect for self and others, as well as help each person to understand their responsibilities to others and to learn new practices.

An important pedagogical dimension, particularly in the context of HIV/AIDS, is to reconsider the notion of 'teaching a subject' as opposed to 'teaching a learner'. There is a need for teachers to be more sensitive to the needs of their learners, to be more tolerant, and to take on extra caregiving and support roles. This therefore calls for a shift from the traditional modes of delivery, which are mainly 'chalk and talk', to using participatory methodologies that encourage reflexivity which leads to transformative learning. Learners need to be exposed to experiential learning in practical settings and to gain new skills, abilities and insights that contribute to an enhanced linking of theory and practice. Participatory and collaborative learning also helps teachers to move away from reliance on linear models of learning and knowledge transmission to facilitation of processes that allow learners to construct their own theories and bodies of knowledge in a more relevant and demanding context than that which can be achieved in the classroom. The argument is that critical reflection by all individuals influences the participatory process as well as the ethics and process of participation. Thus participants become more effective agents of social change. Consequently, the research project was tailored to reorient methods of delivery to embrace skills for teaching in contexts of risk, vulnerability and uncertainty, to embrace life skills education and the techniques for creating child-friendly schools, and to create healthy environments for both physical and psychosocial support within the school system.

In as much as there are policy recommendations to teach HIV/AIDS at all levels of the school curriculum, no provision was made to formally train teachers in the teaching of this new area of the school curriculum. The study thus sought to devise ways of helping teachers to effectively integrate HIV/AIDS education in the formal school curriculum in a bid to reduce its negative impacts on the quality of education of vulnerable youths. Educational quality and relevance have recently emerged as topical issues for education debate, but, suffice it to say, there is no clear conception among academics as to what quality in education is; hence several notions of the term have emerged.

UNESCO (2005) identifies learners' cognitive development as the major explicit objective of all education systems. This view defines quality as efficiency and regards learning as mastery/successful performance (Lotz-Sisitka, 2011; Harvey & Green, 1993, in Kissack & Meyer, 1995). In another dimension, quality emphasises education's role in promoting values and attitudes of responsible citizenship and in nurturing creative and emotional development. Improving quality also means successfully overcoming and addressing various challenges posed in the different educational settings. This results in the dimension of quality as inclusivity, a dimension that views learning as a democratic process. The thrust of the project was to improve the quality and relevance of education in respect of disadvantaged learners; hence the concept of inclusivity as a dimension of quality became imperative. The intention was to engage educators in a process of dialogic inquiry to question the curriculum and determine the extent to which it

catered for the needs of orphans and vulnerable children (OVC); to identify the competencies required by the teachers and build capabilities for agency; and to develop action competence directed towards mitigating the needs of learners living in contexts of risk and vulnerability related to HIV/AIDS. In this context, 'capabilities' are understood to mean those things people value being and doing (Sen, 1990). 'Action competence' is defined as people's competence to take action (Jensen & Schnack, 1997). 'Agency' is regarded as what people actually do (Sen, 1990). Ultimately, the goal was to improve the quality and relevance of education in respect of disadvantaged learners in order to empower them and to build resilience and adaptation so that they could live more sustainable lives. Based on the premise that ESD enables capabilities (what people value doing), action competence (their ability to learn how to act and do new, valuable things) and agency (taking action) (Lotz-Sisitka, 2011), it became imperative to question what, in an educational setting, constraint people's abilities to turn their existing resources into capabilities and actions. Another important aspect was to question why, sometimes, there is no agency, even if the teachers are not constrained. The study specifically sought to:

1. Identify challenges, risks and vulnerabilities related to HIV/AIDS that learners in the Parirewa High School face and devise curriculum interventions to mitigate such challenges;
2. Explore teachers' knowledge gaps and attitudes with regard to HIV/AIDS;
3. Build on existing knowledge and support structures within the school so as to improve on HIV/AIDS learning in the school; and
4. Identify training needs of teachers in order to enhance capacity for effective teaching/learning in respect of HIV/AIDS.

### *Research Context*

The study was conducted at Parirewa High School and its community in Domboshava, Zimbabwe. The school is located within a growth point just outside Harare, Zimbabwe's capital city. The post-independence government, to provide employment and improved social services for rural communities, mooted the growth-point concept. These growth points serve as social centres where people meet as they shop and share drinks. Since there has been little industrial development, these areas are characterised by high levels of unemployment, extreme poverty and high levels of informal employment, with many women turning to sex for money, thus exacerbating the spread of sexually transmitted infections, including HIV/AIDS. A growth-point community was chosen because of its convenience as an information-rich site for HIV/AIDS-related vulnerabilities and risks.

We chose a secondary school because this is the age group at the greatest risk of contracting HIV/AIDS. However, with a capacity to reach large numbers of young people with information, school education can have such a powerful preventive effect that it has been described as a 'social vaccine' (Pembrey, 2009). Schools also have potential to build capacity for adaptation and resilience to the special needs created by HIV/AIDS.

### *Research Design and Methodology*

The researchers adopted a qualitative case study approach in which a local growth-point community was purposively and conveniently selected to provide an information-rich site. The research involved an action research process which took a phased approach, with one process following up on another upon reflection on previous activities. Action research has been used in many areas where an understanding of complex social situations has been sought in order to improve the quality of life (Riding, Fowell & Levy, 1995). The methodology offers a systematic approach to introducing innovations in teaching and learning by putting the teacher in the dual role of producer of educational theory, and user of that theory to enhance qualitative learning. For this particular research, the goal was capacity-building for positive social transformation; hence, the team worked with the teachers in ways that allowed them (the teachers) to identify what they valued to do (Allen, Kilvington & Horn 2002). Teachers were then supported with training in the areas they identified so that they could do what they valued to do. The strategies were guided by Amartya Sen's (1990) approach of 'capabilities' and 'functionings', which stipulates that people have opportunities to realise different 'functionings' they may have reason to value (their capabilities). However, someone could be deprived of capabilities in many ways owing to social, economic, physical, political or intellectual constraints that affect their functionings and their ability to convert the resources that they do have into valued functionings and capabilities. The team thus worked with teachers to identify what was constraining them from effectively integrating HIV/AIDS in the subjects they taught and why there was sometimes no agency even if there were no constraints.

The action research process is summarised in Table 1.

The principal participants were teachers, the librarian, and one education officer in charge of the Better Schools Programme. They provided most of the data. Since the study topic is extremely sensitive, precautions were taken to ensure the confidentiality of information provided by the participants. No reference was made to individual names and informed consent was formally sought from teachers before they took part in the study. Participation in the study was voluntary and participants were allowed to withdraw at any stage.

### *Results and Discussion*

Since we adopted an action research design, it was important to analyse the data as we collected it in order to inform the next cycle. However, a detailed analysis of the data was undertaken based on the idea that ESD improves quality of education and introduces innovation to education in southern Africa (Lotz-Sisitka, 2011). In this article, 'quality of education' is defined as education that is relevant and inclusive. We were also guided by Sen's capabilities and functionings approach as noted above, which stipulates that people have opportunities to realise different 'functionings' they may have reason to value, but could be deprived of such capabilities due to typical constraints.

**Table 1.** The action research process

Cycle	Plan	Act
The baseline	<ul style="list-style-type: none"> <li>• Negotiating entry</li> <li>• Mapping out sustainability issues related to HIV/AIDS</li> <li>• Testing feasibility of study</li> </ul>	<ul style="list-style-type: none"> <li>• Meeting with the school head and three teachers in charge of the Child Protection Committee and discussing sustainability issues and risks related to HIV/AIDS and how the study could be introduced in the school</li> <li>• Meeting with district education officers and negotiating ministry's approval to conduct the study in the school</li> </ul>
The inception/ needs analysis workshop	<ul style="list-style-type: none"> <li>• Preparing materials to facilitate discussions so as to enable teachers to examine their knowledge of, and attitudes to, HIV/AIDS and its impacts</li> <li>• An appreciation of the existence of OVC/disadvantaged and the different burdens they carry, and the interactions in the classroom</li> <li>• Preparing a questionnaire to determine existing support structures to advance HIV/AIDS education within the school</li> </ul>	<ul style="list-style-type: none"> <li>• Holding an interactive workshop through focus groups, plenary and scenario sessions to explore:</li> <li>• Basic information on HIV/AIDS; attitudes to HIV/AIDS and its impacts on individuals, families, learners and education; skills to identify and resolve problems faced by young adults; reality of the OVC at Parirewa High; current instructional methodologies and content related to HIV/AIDS</li> <li>• Conducting a questionnaire audit to determine support structures to advance HIV/AIDS education within the school</li> </ul>
The intervention	<ul style="list-style-type: none"> <li>• Preparing materials to facilitate training of teachers in life skills education and how to teach for the development of life skills</li> <li>• Mainstreaming HIV/AIDS in different subjects</li> <li>• Developing a school HIV/AIDS policy</li> <li>• Developing an appreciation of their roles in mitigating the impacts of HIV/AIDS in the classroom</li> </ul>	<ul style="list-style-type: none"> <li>• Holding an interactive workshop meant to enhance capacity of teachers to:</li> <li>• Deal with OVC</li> <li>• Teach for the development of life skills</li> <li>• Mainstream HIV/AIDS in different subjects</li> <li>• Develop a school policy</li> <li>• Empower teachers to deal with impacts of HIV/AIDS in the classroom</li> </ul>
Monitoring	<ul style="list-style-type: none"> <li>• Preparing assessment tools to check on progress made by teachers in mainstreaming HIV/AIDS in their subjects and how they related and interacted with their learners</li> </ul>	<ul style="list-style-type: none"> <li>• Face-to-face and follow-up telephone interviews with selected participants and linking persons within the school to determine the extent to which skills learnt in the workshops were being implemented to alleviate the plight of the OVC</li> </ul>

### **Vulnerabilities, risks and issues related to HIV/AIDS in the Pāirewa High School context**

The teachers at Pāirewa High School work in a context where HIV/AIDS has led to a situation where some of their learners are sick, some are on antiretroviral therapy, some are giving care to sick parents/siblings, and some do not have adequate resources to pay for school fees and buy uniforms and other school supplies, and are also suffering from food insecurity. Absenteeism is high and some children are dropping out of school. All these issues are negatively impacting both the quality of education and the quality of life of the affected children. Teachers cited the influence of the growth point, brothels, commercial sex, poverty and peer pressure as some of the drivers of HIV/AIDS in the community. In as much as these challenges exist and need to be addressed, the majority of teachers were not formally trained to deal with these challenges. They therefore required training to build action competence in order to respond to these and other risks and vulnerabilities among themselves and their learners.

### **Curriculum interventions to mitigate the impacts of HIV/AIDS in the school**

An audit of the support structures for enabling HIV/AIDS education within the school showed that the school has an HIV/AIDS Policy, but that it is not clearly defined and that this tends to negatively impact on its implementation. Its alignment to the national policy is also weak. Learner participation in HIV/AIDS education is satisfactory and the school has access to quality information on HIV/AIDS. The school incorporates calendar events such as National AIDS Day in the teaching of HIV/AIDS. However, the school is not aware of its HIV/AIDS prevalence rate and efforts at reducing HIV incidence are generally poor and not coordinated. There is a peer education club at the school, which was not functioning so well at the time that the research started, and the general feeling among the teachers was that HIV/AIDS was not a priority in the school timetable. Although very few teachers are trained to teach HIV/AIDS, a sizeable number of teachers have basic counselling skills, and a fair number of teachers have training in life skills education. The school also had a properly structured guidance and counselling forum. The school could capitalise on these and other support structures to enhance the quality of HIV/AIDS education.

This was the situation at the start of the action research process. Reported below are the findings of the study after the action research process, which shows changes in teachers' practices and in the ways in which the school was responding to the HIV/AIDS concerns.

### **Capabilities and agency for mainstreaming HIV/AIDS in the curriculum**

The teachers indicated that they valued, among other things, being more tolerant to their learners' needs and being able to make a difference in the lives of their learners. Through engagement with the action research process, they were able to make deliberate efforts to identify disadvantaged learners and support them materially. Some indicated that they were now paying more attention to learners who were having problems at home. The teachers demonstrated agency for improving HIV/AIDS education, as reflected in the following responses.

I have used skills gained in the workshops to identify students in need... I am now paying more attention to students who are having problems at home... I became more concerned with pupils' other needs outside their academic needs; ...I was empowered by the workshop to create healthy relationships with students so that they can openly share their problems.

One particular teacher said:

I have learnt to be more open and accessible to my students... [S]tudents now feel free to come to me for counselling... I was enlightened [by] the fact that when dealing with students, especially OVCs, they feel so abandoned and dejected and feel like they have no one to run to and have no shoulder to cry on... I realised the need to be approachable, to change myself, and my attitude... .

The teachers highlighted the fact that the inception workshop had created a 'new culture' where pupils who fail to pay their fees on time are treated with the sensitivity each case deserves. Teachers coined the phrase, '*ndozviya zvakarambidzwa*', which, literally translated, means '*this is what we have been discouraged from doing*', which they have successfully used to discourage one another from actions that would aggravate the plight of the OVC. The teachers were connecting what they had learnt during the workshops to their day-to-day work and used this knowledge to change the way they behaved. If quality of education is defined from an inclusivity dimension, it may be argued that the interventions by the teachers improved the quality of education of vulnerable children.

### **Action competency for positive social transformation**

Teachers demonstrated willingness to change the way they interacted with learners. Asked to describe what they had learnt and what they were willing to change (action competence), one teacher said: 'I need to help students to open up and share their experiences... . In fact I take it as a challenge since I have not been doing it; I will change my teaching approach... .' Teachers reportedly became more observant, approachable, receptive and sensitive with respect to the needs of learners in difficult circumstances. Asked to comment on how they were mainstreaming HIV/AIDS, the history teacher said:

I have infused HIV/AIDS in the teaching of my subject (History). I also talk about life skills. Topics such as '[u]rbanisation and the development of towns and cities' touch on movement of people from rural areas to towns and cities. We discuss the consequences of such developments ...what happened when husbands left for the cities ... what did the women left in the villages do while their husbands worked in the cities? We talk about the effects of such splits and the exposure to Sexually Transmitted Infections. Even though AIDS was not prominent then we draw students' imaginations to what is happening now then make connections with what happened in the past.



Teachers also appreciated the fact that each of them had a role to play in the fight against HIV/AIDS and its impacts in the school; hence the need to mainstream in all subject areas. The actions thus improved the quality of education if we define quality of education from a relevance perspective.

### **Constraining factors**

Amartya Sen's approach of 'capabilities' and 'functionings' stipulates that people could be deprived of capabilities due to typical constraints. The teachers demonstrated eagerness to mitigate the negative impacts of HIV/AIDS on education and on their learners, but highlighted the following constraints. Very few teachers in the school have formal training in counselling and none have been formally trained to teach HIV/AIDS. Teachers also reiterated that they were equally burdened by the challenges posed by HIV/AIDS. Excerpts from teachers' responses highlighted that 'teachers are not competent enough to deal with some of the burdens...'. Some teachers hinted that there was a stigma attached to the teaching of HIV/AIDS 'by virtue of being allocated to teach HIV/AIDS, we have been labelled the "AIDS ones" as if we are suffering from the disease'. Teachers lose the zeal to teach the subject for fear of being labelled.

Asked to comment on what the teachers are doing to help students in need, one teacher's response was as follows:

We want to help the students but we don't know how, we need guidance and direction and technical expertise to be able to effectively deal with the challenges posed by HIV/AIDS.

The teachers' freedoms to be what they value are constrained due to lack of expertise, and this has negative implications on the quality of education.

Another constraint relates to the influence that parents and the community have on what teachers could teach in terms of HIV/AIDS. Sexuality and sex education are complex and sensitive topics for Zimbabwe and there is no consensus on how they should be handled. Lately, there has been heated debate on whether condoms should be made available in schools as part of the Zero New HIV/AIDS Infection Campaign. Encouraging condom usage has been castigated as immoral and as encouraging learners to engage in premarital sex. Quality of education is thus compromised, since teachers are not at liberty to deal with sensitive matters that might be relevant to learners' needs.

Government policy constitutes another constraint with regard to the teaching/learning of HIV/AIDS. The Zimbabwean curriculum is examinations-driven, but HIV/AIDS is integrated into Guidance and Counselling, which is a non-examinable, non-core subject. Generally, schools and learners alike do not attach importance to non-examinable subjects and the quality of delivery of such subjects suffers as a result. In this particular school, HIV/AIDS was not appearing on the timetable, even though the teachers claimed it was being taught.

### **Lessons drawn from the study**

Teachers confessed that the action research engagement was an eye-opener; it made them see their learners differently and made them change the way they perceived their roles in the wake of HIV/AIDS. The key lesson from the project is the idea that HIV/AIDS can be integrated in any subject as long as the teachers are taught how to mainstream, are prepared to change the way they perceive their roles, their subjects and their learners, and are ready to make a difference in the lives of the learners they teach. One particular responded said:

We just realized that we don't need the administration's involvement in order to teach about HIV/AIDS. We can effectively teach about HIV/AIDS without including it on the timetable. There is no excuse why each subject cannot teach about HIV/AIDS; opportunities exist. I have been empowered to be self-sufficient in imparting HIV/AIDS education to students.

The woodwork teacher confirmed this:

I am no longer worried about pestering the school administration to include HIV on the school timetable because I have learnt to infuse the subject in the teaching of woodwork, especially when I guide students on proper handling of tools.

Teachers realised their own potential and capacity to counter the realities of HIV/AIDS, an effort which draws on the aspect of quality education that overcomes and addresses various challenges posed in different educational settings. In this case, where school authorities and systems adhere to traditional modes of education geared for examinations, HIV/AIDS teaching suffers neglect. Moreover, in this particular school, it was not even appearing on the timetable.

The practice of labelling some subjects as core subjects and others as non-core subjects creates the impression that certain subjects are more important than others. Government policy with regard to which subjects are core subjects may need to be reviewed, as it poses a serious constraint on the teaching/learning of HIV/AIDS and other ESD concerns. The existing obsession with academic subjects being core subjects may be detrimental to the country and learners needs. In fact, if we are to improve the quality of education in a broader sense, there is a need to strike a balance between the importance accorded to academic subjects and that accorded to skills development-oriented subjects, including HIV/AIDS. Towards the end, the teachers had developed an understanding that integrating HIV/AIDS in all subjects in the school curriculum, particularly the core and examinable subjects, brings relevance to what learners learn.

Another lesson drawn from the findings is that teacher training is key to successful implementation of HIV/AIDS education. Agency for teaching HIV/AIDS is sometimes constrained by a lack of skills/training, as hinted at by Sen's capabilities and functionings approach. Teacher education thus needs reorientation to embrace skills for teaching in contexts of risk, vulnerability and uncertainty, and to embrace life skills education and the techniques for creating child-friendly and healthy environments for both physical and psychosocial

support within the school system. There is a need to promote experiential, participatory and collaborative-learning platforms which are ideal for achieving interactive learning and enhancing the quality of learning. We need to develop a new kind of teacher who is creative, adaptive, and sensitive to learner needs, and who teaches for diversity.

There is also a need to offer psychosocial support to teachers to enhance quality and relevant classroom interactions. One particular teacher indicated that ‘the teacher’s burdens need to be addressed before he/she can address those of the students ... we need a resident counsellor for both students and teachers...’. It is therefore critical for school administrators to embrace HIV/AIDS and life skills education in the way schools are run and managed in order to improve the quality of education.

Another key lesson drawn is that learning becomes meaningful and empowering if it is based on things that can be directly applied in real-life contexts. As we discussed the various risks related to HIV/AIDS and who was at the greatest risk of HIV infection, one teacher said that ‘we all drink from a poisoned well’. The teachers demonstrated a natural willingness to take part in the project because it involved things they valued, and things they could easily connect with and could be directly and immediately applied to solve real-life problems within the community they lived and worked in. Engaging in ESD initiatives like this action research project enabled teachers to explore and realise aspects of their capabilities, action competence and agency, as shown above. Teachers acknowledged the awareness that had developed during the workshops as a result of participating in, and deliberating on, HIV/AIDS-related issues.

## *Conclusion*

The quality of teaching/learning of HIV/AIDS is compromised by several factors. The subject is perceived as not important, since it is non-core and not examinable. As such, it is not prioritised on the school timetable and, sometimes, is not taught at all. Compounding this is that many of the teachers tasked with teaching the subject have no formal training to teach the subject. There is also a stigma attached to the teaching of the subject, and the sensitivity around HIV/AIDS poses serious limitations on how far the school curriculum could provide for such teaching. Opportunities however exist for improving the quality of HIV/AIDS learning in the school. These include, but are not limited to, the existence of a peer education club, a national HIV/AIDS policy, books and related teaching/learning materials on HIV/AIDS, teachers trained in guidance and counselling, and, more importantly, teachers who are motivated to take up new challenges and are willing to learn new methods of teaching in a bid to fight the negative impacts that HIV/AIDS has on education quality.

Even though we did not spend enough time in the field to check on the effectiveness of the intervention, it can be stated that the intervention capacitated teachers to improve their practice in a number of ways. The intervention improved on the delivery of HIV/AIDS in the school and had a direct bearing on the quality of education and the quality of life of the learners. Quality as defined by relevance and inclusivity dimensions was evident in the way the teachers changed their roles and attitudes to their learners and the teaching of the subject. Teachers developed agency for positive social transformation as defined by ESD and assumed

the roles of friend, counsellor and advisor, and this helped learners to open up and share their problems. Learners also benefited from the improved knowledge and agency of their teachers. Before the action research intervention, there was a general sense of helplessness among the teachers. However, after the training, they felt more empowered to deal with HIV/AIDS at both individual and communal levels. The next phase of the project will further probe these areas, because the current research did not gather data from learners, but relied on reports given by teachers.

HIV/AIDS knows no disciplinary boundaries; it can be taught by any teacher in any subject, as long as the teachers have the requisite support, capacity and motivation to do so. Mainstreaming may provide the solution to the teaching of this crucial subject, which is perceived as not so important simply because it is regarded as non-core and non-examinable, like many other related ESD concerns. Developing insight into how to engage such issues within a quality and relevance framing for education is what this article has sought to provide.

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